

CLAIMS ONLY							Application Number 10/524560	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							1	
2							1	
3							1	
4							1	
5							1	
6							1	
7							1	
8							1	
9							1	
10							1	
11							1	
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37		1					1	
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42		1					1	
43		1					1	
44		1					1	
45		1					1	
46		1					1	
47		1					1	
48		1					1	
49		1					1	
50		1					1	
Total Indep	1							
Total Depend	17						29	
Total Claims	18						29	

129
47